

Outpatient/ Short-term Care/ Home Settings - TB Risk Assessment

Independent Centers for Emergency Medical Care, a Community Triage Center, a Rural Clinic, a Surgical Center for Ambulatory Patients, an Obstetric Center, an Agency to Provide Nursing in the Home, a Nursing Pool, a Mobile Unit and Facilities for: Hospice Care, Treatment for Irreversible Renal Disease, Modified Medical Detoxification, and Refractive Surgery

Today's Date _____

Facility _____

Address _____

Phone _____ County _____

Completed by _____ Title _____

I _____, Medical Director of the facility or Designee, or another Licensed Physician; have reviewed and confirmed to the best of my knowledge the answers in this assessment (parts A- H) are correct and I certify the TB risk classification for this facility on this date: _____ to be: _____ (as described on Part C of this document). *This **must** be completed if classified as LOW RISK.*

PART A - INCIDENCE OF TB

1. Number of TB cases identified in your facility in the last year?
____ No TB cases within the last 12 months
____ < 3 patients with TB per year
____ > 3 patients with TB per year
____ Evidence of ongoing *M. tuberculosis* transmission
2. Number of TB cases identified in your County in the last year? _____
3. Number of TB cases identified in the State of Nevada last year? _____

Obtain information from local health department or the TB Fast Facts on the state website at:

http://health.nv.gov/CD_HIV_TBProgram.htm

PART B - RISK CLASSIFICATION – Check category that applies

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is there a relatively high prevalence (population affected at this time) of TB disease in the community/communities your facility serves? (refer to part A) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are cough-inducing or aerosol-generating procedures performed in your facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is there evidence of recent transmission of TB in your facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are there patients, residents, admits or health care workers with immunocompromising conditions in your facility? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have all new hire, residents and admits had a TB risk evaluation or assessment performed? Forms for each are conveniently located at: |

(http://www.health.nv.gov/PDFs/TB_Forms/RiskAssessmentforTB_resident.pdf and
http://www.health.nv.gov/PDFs/TB_Forms/RiskAssessmentforTB_employee.pdf)

Has appropriate follow-up been performed?

For more information, call your local health department or the State TB Program website at:

http://www.health.nv.gov/CD_HIV_TBProgram.htm

Outpatient – TB Risk Assessment

PART C - ASSIGNING A RISK CLASSIFICATION (*Check only one box*)

- ☐ 1. If less than (<) 3 TB cases in part A **and** “No” is checked for each question in part B this facility may be classified LOW RISK. (See TB screening requirements page 3).
- ☐ 2. If greater than or equal to (\geq) 3 TB cases in part A **or** any “Yes” box is checked in part B this facility is classified MEDIUM RISK. (See TB screening requirements page 3).
- ☐ 3. If Evidence of ongoing *M. tuberculosis* transmission is identified (when TB is spreading from one person to another) the facility is classified as POTENTIAL ONGOING TRANSMISSION (See TB screening requirements page 3).

PART D – TUBERCULOSIS SCREENING TESTS

1. Does your facility have a TB screening program for the health care workers (HCWs)? _____
Describe: _____

2. Are the TB screening records maintained and where? _____

3. Who is responsible for maintaining these records? _____
4. If annual screening is performed, list the conversion rate for your facility: (*number of positive TSTs or IGRA's divided by number tested*):
- Last year (12 months) _____ 2 years _____

Comments:

PART E - TB INFECTION CONTROL PLAN

1. Does your facility have an Infection Control Plan for confirmed or suspected TB cases? _____
2. How are confirmed or suspected TB cases isolated? _____
3. Where are confirmed or suspected TB cases transferred? _____
4. When was this plan last updated? (must be updated every 5 years) _____
5. Does the TB Infection Control Plan need to be updated? _____
6. Is there an Infection Control Committee for your facility? _____
7. Check the groups that are represented on the Infection Control Committee:
- | | |
|--------------------------|---------------------|
| ____ Physician(s) | ____ Administrators |
| ____ Registered Nurse(s) | ____ Other _____ |

For help with Infection Control Plan call your local health department or refer to the TB Infection Control protocols on the state website at: http://health.nv.gov/CD_HIV_TBManual.htm

Outpatient – TB Risk Assessment

PART F – IMPLEMENTATION OF TB INFECTION CONTROL PLAN

1. Who is responsible for the implementation of the TB Infection Control Plan? _____
2. Does the TB Infection Control Plan ensure prompt detection, airborne infection isolation, transfer and treatment of potentially infectious TB patients? _____
3. Is the TB Infection Control Plan being properly implemented? _____
4. List ongoing infection control training and education available to your facility's HCWs. _____

Comments _____

This TB risk assessment is performed annually to assess and assign an appropriate risk classification and corresponding TB screening plan for this facility.

Date of next TB Risk Assessment review (annually) _____

Assigning TB Risk Classification & Frequency of TB Screening

Independent Centers for Emergency Medical Care, a Community Triage Center, a Rural Clinic, a Surgical Center for Ambulatory Patients, an Obstetric Center, an Agency to Provide Nursing in the Home, a Nursing Pool, a Mobile Unit and Facilities for: Hospice Care, Treatment for Irreversible Renal Disease, Modified Medical Detoxification, and Refractive Surgery

Low Risk Setting

Less than 3 TB cases/year
(see PART A)

➤AND

No risk factors present
(See PART B)

Low Risk TB Screening

- Baseline two-step TST or TB screening blood assay (BAMT) upon hire & admission
- Medical evaluation, symptom assessment & chest x-ray if TST positive or if symptomatic
- **No annual** TST or blood assay required
- Perform annual symptom assessment if positive TST Latent TB Infection or prior Active TB Disease
- Persons identified as a contact to an infectious case and having unprotected exposure will be evaluated in accordance with the Health Departments contact investigation protocols

Medium Risk Setting

3 or more TB cases/year
(see PART A)

➤OR

Other risk factors apply
(See Part B)

Medium Risk TB Screening

- Baseline two-step TST or TB screening blood assay (BAMT) upon hire & admission
- Medical evaluation, symptom assessment & chest x-ray if TB screening test is positive or if the person is symptomatic for TB.
- **Perform annual** TB screening tests (either a TST, IGRA or symptom review risk assessment) for each HCW and resident.
- **Perform annual** symptom assessment if positive TST Latent TB Infection or prior Active TB Disease
- Persons identified as a contact to an infectious case and having unprotected exposure will be evaluated in accordance with the Health Departments contact investigation protocols

Potential Ongoing Transmission Setting

Evidence of ongoing M. tuberculosis transmission

- This is a temporary classification only, warranting immediate investigation. After the ongoing transmission has ceased, the setting will be reclassified as Medium for at least one year.

Potential Ongoing Transmission TB Screening

Report to local health department immediately

- Persons identified as a contact to an infectious case and having unprotected exposure will be evaluated in accordance with the Health Departments contact investigation protocols
- Medical evaluation, symptom assessment & chest x-ray if TST positive or if symptomatic
- Either a TST, a blood assay or symptom review risk assessment will be performed for each HCW and resident on an annual basis.
- Perform annual symptom assessment if positive TST Latent TB Infection or prior Active TB Disease

Indications for Two-Step Tuberculin Skin Testing - TST

| Employee & Resident TST Situation | Recommended TST Testing |
|---|---|
| 1. No previous TST result | 1. Two-step baseline TST or IGRA |
| 2. Previous negative TST result >12 months before new employment | 2. Two-step baseline TST or IGRA |
| 3. Previous documented negative TST result ≤12 months before employment | 3. Single TST or IGRA needed for baseline testing; this will be the second-step |
| 4. ≥2 previous documented negative TSTs and most recent TST >12 months before employment; resident/employee | 4. Single TST; two-step is not necessary or an IGRA |
| 5. Previous documented positive TST result | 5. No TST or IGRA; need TB symptom screen and baseline X-ray |
| 6. Previous undocumented positive TST result | 6. Two-step baseline TST or IGRA |
| 7. Previous BCG vaccination – BCG effect on TST results usually wanes after 5 years | 7. Two-step baseline TST or IGRA |

Definitions

Health-care Workers (HCWs) – HCWs include all paid and unpaid persons working in health-care settings.

Upon Hire – The administration and reading of the two-step TST or a single IGRA of new employee's must be completed prior to beginning work. If the first TST is negative, the second TST should be placed 1-3 weeks later. Regardless of the initial TST result, no employee should be allowed to begin work if he/she has symptoms of active pulmonary TB until a complete TB medical evaluation has been completed and TB disease has been ruled out. If a new employee has a positive TST, the employee must have a medical evaluation to rule out active TB. Initiation of treatment for LTBI to prevent progression to disease should be strongly considered. If a new employee has documentation of a previous positive TST at the time of hire, but has not completed treatment for LTBI, initiation of treatment for LTBI should be strongly considered. Any employee who does not complete treatment for LTBI should be educated about the signs and symptoms of TB, and monitored for development of symptoms of infectious TB at least annually. Facilities can use the TB Symptom Assessment Form for this purpose. If a new employee is TST positive and has completed treatment for LTBI, also monitor annually using the TB Symptom Assessment Form. If an employee has documentation of cured active TB, also monitor annually with the TB Symptom Assessment Form.

On Admit – The administration and reading of the patient/resident's first TST should be completed prior to admission. If the first TST is negative and the person is asymptomatic for TB, the patient/resident can be admitted and the second TST test placed 1-3 weeks later. Regardless of the first TST result, if the potential resident has symptoms consistent with TB, the resident should not be admitted until a complete medical evaluation for TB has been completed, including an x-ray and the collection of sputum specimens for bacteriological examination to rule out active TB disease. If the first TST is positive, the potential resident should not be admitted until a thorough medical evaluation for TB has been completed. Residents with a positive TST who have had active disease ruled out should be strongly considered for treatment of latent TB infection (LTBI) to prevent progression to disease. If treatment of LTBI is not completed, staff should be made aware of the resident's TST status without treatment for

Outpatient – TB Risk Assessment

LTBI and the resident should be regularly monitored for development of symptoms of infectious TB, and at least annually using the TB Symptom Assessment Form. If a resident is TST positive and has completed treatment for LTBI, also monitor annually using the TB Symptom Assessment Form. If a resident has documentation of cured active TB, also monitor annually with the TB Symptom Assessment Form.

TB Medical Evaluation – The purpose of the medical exam is to diagnose TB disease or LTBI, and to select treatment. A medical evaluation includes a medical history, a TB symptom screen, a physical exam, and diagnostic tests as needed (e.g. TST, chest x-ray, bacteriological exams, HIV testing) this can only be performed by a licensed practitioner who has the ability to diagnose and treat LTBI and/or TB disease.

Annual Symptom Assessment – Complete this form for the following residents/employees who initially have had Active TB Disease ruled out:

1. Residents/employees with Latent TB Infection (with or without completion of therapy)
2. Residents/employees with prior Active TB Disease who have completed therapy

Chest X-ray – Residents/employees with a positive TST who have a normal chest x-ray should not have repeat chest x-rays performed routinely. Repeat x-rays are not needed unless TB signs or symptoms develop or a clinician recommends a repeat x-ray on a case-by-case basis. Employees or residents who have Latent TB Infection, with or without treatment, or cured Active TB Disease should be evaluated annually with a symptom assessment and educated about TB signs and symptoms and the need to report such symptoms if present.

Interferon gamma release assay (IGRA) – alternative whole-blood screening test for diagnosis of *M. tuberculosis* infections, including both TB disease and LTBI (neither the TST nor the IGRA's differentiate between TB disease and LTBI).

Definition of Active TB Disease vs. Latent TB Infection:

| Active Pulmonary TB Disease | Latent TB Infection (LTBI) |
|--|--|
| Symptoms – cough \geq 2-3 weeks with or without sputum production that may be bloody; chest pain; chills; fever; night sweats; loss of appetite; unexplained weight loss; weakness or easy fatigability; malaise | No Symptoms Do not feel sick |
| Can spread TB to others | Cannot spread TB to others |
| Usually has a positive TST Chest X-ray usually abnormal | Usually has a positive TST Chest X-ray normal |
| Report suspect or confirmed TB to local health department immediately | Not reportable to local health department |